

Docket No: 245430US20



IN THE UNITED STATES PATENT & TRADEMARK OFFICE

IN RE APPLICATION OF :
Heber MACMAHON, et al. : EXAMINER:
SERIAL NO: 10/721,827 :
FILED: November 26, 2003 : GROUP ART UNIT: 3737
FOR: AUTOMATED METHOD AND... :

FILING OF SUPPLEMENTAL APPLICATION DATA SHEET

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

SIR:

Applicant(s) submit herewith a Supplemental Application Data Sheet for the purpose of inserting the citizenship of the 1st inventor and changing the order of the inventors.

Respectfully submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

A handwritten signature in cursive script that reads "Paul Sacher".

Eckhard H. Kuesters
Attorney of Record
Registration No. 28,870

(703) 413-3000
Fax No.: (703) 413-2220
EHK:ca

Paul Sacher
Registration No. 43,418



APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number:: 10/721,827
Application Date:: 11/26/03
Application Type:: REGULAR
Subject Matter:: UTILITY
CD-ROM or CD-R?:: NONE
Title:: AUTOMATED METHOD AND SYSTEM
FOR THE EVALUATION OF DISEASE
AND REGISTRATION ACCURACY IN
THE SUBTRACTION OF TEMPORALLY
SEQUENTIAL MEDICAL IMAGES

Attorney Docket Number:: 245430US-20
Total Drawing Sheets:: 9

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Ireland
Status:: FULL CAPACITY
Given Name:: Heber
Family Name:: MacMahon
City of Residence:: Chicago
State or Province of Residence:: ILLINOIS
Country of Residence:: USA
Street of Mailing Address:: 2144 N. Cleveland
City of Mailing Address:: Chicago
State or Province of Mailing Address:: ILLINOIS
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 60614
Middle Name:: G.

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: USA
Status:: FULL CAPACITY
Given Name:: Samuel
Middle Name:: G.
Family Name:: Armato
Name Suffix:: III
City of Residence:: Downers Grove
State or Province of Residence:: ILLINOIS
Country of Residence:: USA
Street of Mailing Address:: 8247 Cambridge Court
City of Mailing Address:: Downers Grove,
State or Province of Mailing Address:: ILLINOIS
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 60516

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

ASSIGNMENT INFORMATION

Assignee Name:: University of Chicago
Street of Mailing Address:: 5841 South Maryland Avenue, MC 2026
City of Mailing Address:: Chicago
State or Province of Mailing Address:: IL
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 60637